

Renter Assistance Claim (for income received in 2000)

2001

9000R

STEP A

Name,
address,
and
social
security
number

SSN

Your first name				Initial	Last name				
Spouse's first name				Initial	Last name				
Present home address — number and street including PO Box or rural route						Apt. no.		PMB no.	
City, town, or post office						State		ZIP Code	
Your social security number				Spouse's social security number				IMPORTANT: Your social security number is required.	

STEP B

Filing
Status

<p>1. Are you a United States citizen? Check "Yes" or "No" . . .</p> <p>If you checked "Yes," skip line 2 and go to line 3. If you checked "No," go to line 2.</p> <p>2. Benefit Eligibility for Noncitizens</p> <p>If you are not a citizen of the United States, go to page 19. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 19 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c.</p> <p>3. Enter your date of birth (example: 0 5 / 2 1 / 1 9 3 8)</p> <p style="text-align: center;">MM DD Y Y Y Y</p> <p>4. Check the appropriate box if you were one of the following on December 31, 2000:</p> <p>A. 62 years or older</p> <p>B. Under 62 and blind</p> <p>C. Under 62 and disabled (not blind)</p> <p><i>See the instructions on page 6, line 4a if you turned 62 on 1/1/01. See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.</i></p>	<p>1. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2a. Alien Status Code</p> <p>2b. Alien Registration Number</p> <p>2c. Date of Entry</p> <p>3. Date of Birth</p> <p>A <input type="checkbox"/> <input type="radio"/></p> <p>B <input type="checkbox"/> <input type="radio"/></p> <p>C <input type="checkbox"/> <input type="radio"/></p>
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STEP C

Rental
Information

Complete
line 5
through
line 7.

<p>5. Enter the total number of months during 2000 that you lived in a qualified rented residence in California. See instructions</p> <p>6. If the address where you lived during 2000 is different than the address you entered in Step A, or if the address in Step A is a post office box, enter your 2000 residence address.</p> <p>Street Address</p> <p>City</p> <p>State and ZIP Code</p> <p>RENTED FROM / / TO / /</p> <p>7. Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 2000.</p> <p>NAME</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE and ZIP CODE</p> <p>TELEPHONE ()</p>	<p>5. _____ months</p>
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STEP D

Income of household members

On line 8 through line 13 enter your total household income for the 2000 calendar year. See instructions on pages 8 and 9.

(Dollars) (Cents)

8. Social Security and/or Railroad Retirement 8.
9. Interest, Dividends, and/or Gain (or Loss) 9.
10. Pensions and/or Annuities 10.
11. SSI/SSP, AB, and ATD (Gold Check). See page 9 11.
(full year total)
12. Rental and Business Income (or Loss) 12.
See pages 9. Do not enter your monthly rent payments.
13. Other Income (including wages). See page 9 13.
14. SUBTOTAL. Add line 8 through line 13 14.

STEP E

Adjustments to income

15. Adjustments to Income. See page 10 15.

STEP F

Total household income

16. TOTAL HOUSEHOLD INCOME IN 2000.
Subtract line 15 from line 14 • 16.
If line 16 is more than \$35,251, stop. You do not qualify.

STEP G

Renter assistance claimed

You do not have to complete line 17. If you stop here, we will figure the amount of assistance for you.

17. Renter assistance claimed. (Cannot exceed \$240.00)
See page 17 ■ 17.

Reminder

If this is your first year filing a Renter Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement)

STEP H

Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number () _____

Paid Preparer's Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡			FEIN
			TELEPHONE ()

Do not write in this space

Do not write in this space

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